

C O V E R

FAX

S H E E T

To: Examiner Paresh Patel

Fax #: (703) 872-9318

Subject: Serial No. 09/738,044

Date: August 22, 2003

Pages: 3, including this cover sheet.

COMMENTS:

Examiner Patel:

Attached is copy of the Transmittal Form and Power of Attorney for the above-referenced matter.

We are scheduled for an Examiner telephonic interview on Wednesday, August 27, 2003, at 10:00 a.m. Mountain Standard time. I will initiate the telephone call.

Dennis F. Armijo, Esq.

From the desk of...

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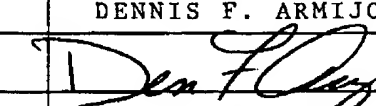
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/738,044
	Filing Date	12/15/2000
	First Named Inventor	Brian D. Butler
	Group Art Unit	2829
	Examiner Name	Paresh H. Patel
Total Number of Pages in This Submission	Attorney Docket Number	2525-03

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: This communication is being transmitted via facsimile to Examiner Paresh H. Patel at fax number (703) 872-9318.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Dennis F. Armijo, Esq. DENNIS F. ARMIJO, P.C.
Signature	
Date	August 22, 2003

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: _____	
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